



# Iowa Department of Human Services

Terry E. Branstad  
Governor

Kim Reynolds  
Lt. Governor

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Director

## INFORMATIONAL LETTER NO.1368

**DATE:** March 31, 2014

**TO:** Iowa Medicaid Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Indian Health Services (IHS) Providers

**FROM:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**RE:** Iowa Marketplace Choice Medical Wraparound Services

**EFFECTIVE:** January 1, 2014

On January 1, 2014, the Iowa Marketplace Choice Plan began covering all eligible Iowans ages 19-64 with income from 101 to 133 percent of the Federal Poverty Level. Members are enrolled in specific coverage available from Qualified Health Plans (QHPs) in the new Health Insurance Marketplace. The current QHPs are Coventry Health Care of Iowa and CoOpportunity Health.

FQHCs, RHCs, and IHS providers are reimbursed for services to Medicaid members based on 100 percent of the costs which are reasonable and related to the cost of furnishing services.

When an FQHC, RHC or IHS provides services under contract to a QHP, the QHP must pay the FQHC, RHC or IHS no less than the amount it would pay for the same services if furnished by another provider. The department will supplement the payment from the QHP to provide reasonable cost reimbursement, as specified by Medicare cost reimbursement principles.

[Iowa Marketplace Choice Wraparound Payment Request](#)<sup>1</sup>, form 470-5211, is to be used to document Medicaid encounters and differences in payments by the QHP and the regular Medicaid encounter payment. The form should be submitted within 30 days of the end of the previous quarter\*\* and should include an excel spreadsheet with the following information:

- 1) Patient Name
- 2) Patient Medicaid State ID number
- 3) Date of Service
- 4) CPT Code Billed
- 5) Billed Amount
- 6) Amount paid by Managed Care Organization

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<sup>1</sup> <http://www.dhs.state.ia.us/uploads/470-5211%20Iowa%20Marketplace%20Choice%20Wraparound%20Payment%20Request.pdf>

Completed forms should be submitted to Provider Cost Audit by mail at PO Box 36450, Des Moines, IA 50315, fax at 515-725-1353 or via email to Provider Cost Audit at [costaudit@dhs.state.ia.us](mailto:costaudit@dhs.state.ia.us). Typically, the payments are processed within 30-60 days.

If you have any questions, please contact the IME Provider Cost Audit Unit at 1-866-863-8610, locally in Des Moines at 515-256-4610 or by email at [costaudit@dhs.state.ia.us](mailto:costaudit@dhs.state.ia.us).

*\*\*Due to the late notification, providers will be granted 60 days from the end of the first quarter where this is in effect: the quarter that began on January 1, 2014.*